

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
DISCIPLINARY REPORT**

EMPLOYEE'S NAME _____ ID _____ POSITION _____

DATE AND TIME OF VIOLATION _____ DEPARTMENT _____

This is a: Oral Reprimand Written Reprimand Suspension

SUBJECT: Overall Attendance Absenteeism Tardiness Abuse of sick leave

Dress Code Dishonesty Safety Failure to comply with policy

Other (Explain) _____

Substandard Work Performance (Refer to Department of Human Resources Management Policy Manual)

LIST AND/OR DISCUSS SUPPORTING DETAILS:

(Attach additional paper if more space is needed)

SUPERVISOR'S RECOMMENDATION:

HAS EMPLOYEE PREVIOUSLY BEEN WARNED? YES NO

Oral Reprimand _____ Date Written Reprimand _____ Date

EMPLOYEE'S COMMENTS: (Attach additional paper if more space is needed)

EMPLOYEE NOTICE:

Review the above information to make sure that you understand this report. If you do not improve, further disciplinary action up to termination may result. By signing this report, it does not mean that you necessarily agree with its content. You are only acknowledging the fact that you have been counseled. A suspension is a grievable action.

EMPLOYEE'S SIGNATURE _____ DATE _____

SUPERVISOR'S SIGNATURE _____ DATE _____

WITNESS (If applicable) _____

Length of time in Conference _____

Copies to: Department of Human Resources, Employee, Department, Supervisor